

but also according to its qualities—the pus from a phlegmon producing much less deleterious effect than a sanious pus. Wounds of the perineum, in which there is a mixture of pus and urine, produce, even when the suppuration is not very abundant, fatal effects in a very brief space of time. It may be replied to the statement that the less advanced cases of purulent affection recover, that such were not examples of the disease at all; but M. Sedillot believes the pathological changes induced in man and animals from this cause are the same, and numerous experiments upon these last have proved to him—1. That a small quantity of pus injected into the veins only produces slight effects. 2. If the injection be repeated for several successive days, thirst, shivering, &c., are produced; but the animal continues to live if they are then discontinued—so that we must kill it in order to observe the pathological alterations at this period, such as patches in the lungs, emphysema, &c. 3. If a new portion of pus be daily injected, death takes place, always producing the same changes.

The lungs are the organs in which pus is found to be most frequently deposited in this affection; then follow the pleuræ, the joints, the liver, and the muscles. Although veins are constantly found leading from the source of pus, in a great number of cases no trace of *phlebitis* is visible. After amputations, in deep-seated phlegmons, in chronic suppuration, caries, &c., it is always by means of the divided or eroded veins that a direct communication between the purulent centre and the circulation is established, and the mixture of pus with blood which this gives rise to is one of the best ascertained phenomena of the disease. The constant obliteration of the veins by coagula, even in the cases in which they are inflamed, is contrary to the statement of most authors, an exceptional occurrence. The coagulum, when it exists, does not adhere to the walls of the vein, but floats in the pus, having an elongated, fusiform, shape. If it is interrupted from place to place, the blood remains fluid in the intervals, having lost its red colour, and become converted into a sanies by admixture with pus.

Recognizing different stages of this affection, and its curability in some of these, M. Sedillot enumerates the following indications of treatment. 1. Combating the inflammatory symptoms, if intense, by bleeding, especially local. 2. Modifying the surface secreting the pus, in the case of a wound. This is to be done by stimulant lotions or baths, or injections of aromatic wine. In this way the vitality of the tissues becomes modified, and the pus changed in qualities, or its secretion arrested. 3. Furnishing ample exit for pus by prompt incisions if necessary. 4. The frequent renewal of dressings. 5. The use of the actual cautery. This is often very efficacious. 6. If purulent infection seems threatened after attempting union by the first intention, the commencing cicatrix is to be broken, and the edges of the solution of continuity irritated. 7. A revulsive action of the secretory organs is to be maintained, especially by the use of purgatives. 8. Cold fluids should be drunk in abundance, to maintain the venous system in a state of repletion, and diminish its absorbing powers as much as possible. 9. Counter-irritants should be applied in the vicinity of any organs suffering from derangement of function. 10. Tonics are not indicated until the febrile action has declined, and true prostration set in. 11. In the case of symptoms of infection occurring in a carious limb, amputation offers the best resource if its performance be not too long delayed.—*Med. Chirurg. Rev.*, July 1847, from *Recueil de Mém. de Méd., de Chirurg., et de Pharm. Militaires*, vol. lxii.

OPHTHALMOLOGY.

57. *Treatment of Scrofulous Inflammation of the Eye.*—Prof. JACOB, of Dublin, is publishing in the *Dublin Medical Press*, a series of extremely interesting papers on diseases of the eye. In one of these we find the following judicious remarks on the treatment of scrofulous ophthalmia.

“In providing for the treatment of an attack of inflammation of the eyeball in a truly scrofulous subject, the practitioner has to consider carefully, the probable effect of the remedies he usually employs in ordinary cases, when applied to this form of disease. When alluding to the treatment of simple, uncomplicated, or

idiopathic inflammation of the eyeball, I suggested the necessity of reconsidering the opinions generally entertained respecting the beneficial influence of depletion; in treating of inflammation modified by a scrofulous diathesis, or even by that languid or defective condition of the nutritive functions which is often assumed to be scrofulous, or perhaps equivalent to it, I have here to suggest a similar or even a greater degree of caution. A patient presenting all the constitutional marks of scrofula, but otherwise in vigorous health, may be, and often is, benefited by local or even sometimes by general bleeding, but such a subject may also suffer from it, if it has not the effect of arresting the inflammatory action. The sudden abstraction of blood, by weakening the heart's action and diminishing the activity of the capillary circulation, will often cause local inflammation to abate or even to cease altogether; but if it has not this effect, it often contributes to produce that state of the system which leads to the effusion or deposition of serum, pus, or lymph, or even of the peculiar material called tubercular; and more frequently in scrofulous than healthy subjects. In such subjects, also, bleeding appears to have less effect in causing the inflammation to abate or cease than in those not so affected, and this is, I think, especially to be observed when bleeding is resorted to after the inflammation has existed for some time, and has been thoroughly established. Bleeding should, therefore, if resorted to at all in this form of inflammation of the eye, be resorted to at the earliest period, and with the view of suddenly weakening the heart's action, and thereby diminishing the activity of the capillaries, rather than for the purpose of suspending nutrition, or interrupting the salutary and ordinary functions of the circulating organs. The local abstraction of blood by leeches or cupping, be its effect on the disease what it may, probably exercises less prejudicial influence on the constitution than general bleeding, and may, therefore, be adopted with less risk of bad consequences; but in neither form is this resource, according to my experience, to be relied on to arrest inflammation in scrofulous as in healthy constitutions.

"The practice so generally pursued of suspending the processes of growth and nutrition, by denial of the usual quantity of food of proper quality, to arrest inflammatory action, also requires reconsideration when it comes to be applied in scrofulous subjects more particularly. It should be recollected, that persons cannot continue to live without a renewal of the blood circulating in their vessels; and it is obvious that such renewal can be effected only by the administration of food capable of affording such blood. A sufficient supply of the ingredients necessary to sustain life, is also required to maintain a healthy state of the system, and without such healthy state of the system, inflammatory action cannot be controlled or prevented from proceeding to the extent of effecting destructive changes of organization. Acting on these principles, the practitioner should not, in scrofulous subjects at least, interdict for any length of time, the use of nutritious food in sufficient quantity to supply the incessant expenditure of its elements by secretion and excretion. I do not mean to say that either in quantity or quality the diet should be as generous as in a state of health, but the sudden and total discontinuance of animal and vegetable materials necessary to sustain life or preserve health, and the substitution of those incapable of doing so, such as are commonly called slops, should not be permitted. The peculiar character of inflammation in scrofulous subjects, is its not yielding in a short time, or in a distinct way, either spontaneously or to remedies, but rather gradually diminishing in intensity, or becoming less active; in other words, not terminating so often in what is called resolution, but becoming chronic: we should, therefore, be prepared to encounter a protracted state of disease, and to provide for its consequences by sustaining the strength and health of the patient. With this view, animal food should not be interdicted, as it generally is, from a prevalent belief that it induces a predisposition to inflammation, or when it takes place exasperates it. Animal food should not be given, especially at the commencement, in such quantity as to risk even a temporary increase in the quantity of the circulating fluids, and thereby to induce increased action of the heart, and corresponding activity of the capillary currents; in other words, the patient should not be allowed to make what is called a hearty meal, but he should have as much nutritious food as will secure the supply of the necessary quantity of blood of good quality to his system. Sudden and extensive change of diet should be avoided for another reason. The stomach and alimentary canal

may have their ordinary functions disturbed or interrupted by the discontinuance of the usual digestible food, and the substitution of new and less agreeable aliments, and experience has fully proved that nothing contributes more to the destructive progress of inflammatory action than such disturbance. This, however, is a subject upon which I cannot venture to enlarge here, because it involves the whole question of diet and nutrition in relation to scrofulous disease generally; but I am induced to dwell so far upon it, because I so often see the evil effects of undue depletion and defective nutrition in scrofulous inflammation of the eye, and observe so frequently the reliance placed on medicinal remedies in its treatment, regardless of this most important means of arresting its progress, and rendering its consequences less destructive. It should be understood, that these observations are applicable to the treatment of all forms of inflammation of the eyeball, although I have reserved them for the present occasion, because it is in the scrofulous form of disease, the necessity of attention to the digestive absorbent and nutritive functions becomes more urgent.

"The practitioner should not confine his attention to diet alone, in providing for the improvement of his patient's constitution by means not merely medicinal. Respiration of pure air frequently changed, the maintenance of the necessary amount of animal heat, and exposure to sufficient light, should not be neglected or forgotten. It is not only in the close, crowded, and uncleanly dwellings of the poor, that attention to respiration of pure air is demanded; the sleeping-rooms and nurseries of affluent persons frequently require as much care, badly constructed as they generally are, for the attainment of this object, and encumbered, as we frequently find them, with window and bed curtains, carpets, and unnecessary furniture. A volume might be written on the ventilation of sleeping apartments, and on the contrivances which might be adopted to correct the defects of construction in our houses which render a free circulation of pure air impossible, the measures to be pursued with the same view in the crowded rooms of the poor in large towns, or their cottages in the country, would require an equal amount of space for their suggestion. I can, therefore, do no more here than direct the attention of the practitioner to the subject, and leave it to his judgment and opportunities to apply a remedy. The maintenance of a salutary amount of heat in the system, especially in young persons, requires attention, also, difficult as it often is, to secure it, in consequence of the direction of the currents of air flowing from the doors and windows to the fireplace. A temporary screen with the necessary clothing and bed-covering, and in winter, a fire of sufficient strength, will enable the attendants to effect this object. The exclusion of light, or immuring the patient in total darkness, is generally considered an essential part of the treatment in all inflammations of the eye, yet I am convinced that the practice is founded on erroneous views. It appears to be assumed that light must necessarily cause pain, and consequently irritation, if admitted into an inflamed eye, but this is a mistake. Light, it is true, often does produce this effect, especially in the advanced stage of disease, and in peculiar forms of it, but as often do we find no inconvenience experienced by its presence. I therefore do not exclude light by closing the shutters or drawing the curtains, but merely as a precaution let down the sun-blind, or I direct the patient to sit with the back to the window or candle, as long as no complaint is made of pain from exposure; being convinced that in the majority of cases, distressing intolerance of light is induced by rendering the eye more sensitive to it by the use of shades and curtains. These observations respecting diet and general management, are more applicable to what is called the after-treatment, than to the first attempts to arrest inflammation, but I have made them here because I so often see the evil consequences of a disregard of such means followed by the worst consequences. The rule from the very commencement should be to avoid, as much as possible, making the patient an invalid, and in all cases where the practitioner can venture to do so, he should treat the patient without confinement to bed or bed-room, and even, if the weather be fine, allow exercise out of doors in shaded situations. The principles which I thus suggest to be applied in the treatment of scrofulous inflammation of the eye, have been advocated by writers on disease of this nature, both ancient and modern, and are therefore not advanced as original. Mr. Carmichael long ago inculcated similar doctrines in his essay on the Nature of Scrofula.

"While treating of the other forms of inflammation of the eyeball, I entered at such length into inquiries respecting the value of the various remedies proposed for its relief, that it is unnecessary to reconsider them here in detail. Antimonials, mercury, iodine, turpentine, iron, cinchona, sarsaparilla, guaiacum, and even colchicum, may, I conclude, be made as available, with the necessary limitations which circumstances demand, in scrofulous, as in the idiopathic, syphilitic, or rheumatic species. It is necessary, however, to suggest some modifications of these agents, to adapt them to the treatment of this form of disease. In a well-marked acute attack of iritis, or inflammation of the eyeball, occurring in a scrofulous subject, mercury must be given as under similar circumstances in other varieties, but the practitioner should not forget that he has to deal with a constitution which will not ultimately bear with impunity the effects of this remedy, as well as the ordinary or healthy one; and also, that in such a state of constitution, the beneficial effects of a full and free course of mercury, are not so apparent or decisive as in a sounder state of the system. The medicine should be more slowly and cautiously introduced, unaccompanied by that debilitating treatment so often adopted in other cases, and it may even be given in combination with tonics and during the use of nutritious food. The preparation to be used requires consideration. The blue pill, with or without opium, as the state of the bowels demands, will generally prove sufficient, and in less acute cases, the compound calomel pill, commonly called Plummer's pill, may be found preferable. Corrosive sublimate (the muriate or bichloride of mercury), has been much extolled, and I believe, extensively employed in this city, in the more chronic or protracted forms of inflammation both of the eye and conjunctiva, but as the advocates of it generally direct it to be dissolved in tincture of cinchona, by which it is of course decomposed, no evidence of its superiority is afforded. The value of iodine as a remedy in inflammation of the eyeball, has been considered when treating of the other forms of this disease. It is, however, in scrofulous inflammation, that its influence should be more relied on, if confidence is to be reposed in the opinion entertained respecting its virtues in this disease generally. I do not think that a practitioner would be justified in relying on iodine in any form, as a means of arresting in its first stage, acute inflammation of the eyeball, caused or modified by scrofula, but I think he may place reliance in it as an aid in the more advanced stages of the disease, either in combination with or following mercury. In cases of this kind, the plan I pursue is to give mercury in moderation, until it begins to produce its usual effects, and then to commence with the iodide of potassium. Five grains of the *pilula hydrargyri* is given three times a day, until the gums become affected, and then continued in five-grain doses at night only, giving from five to ten grains of the iodide of potassium, in the morning and middle of the day. After this has been persevered in until the mercury has had a fair trial, the pill at night is discontinued, and the iodide substituted for it, either alone or in decoction of bark, if the stage of the disease, and the state of the constitution demands it; or the iodide of iron in syrup, in the dose of three or four grains daily is given. In those cases in which the inflammation is a repetition of former attacks, or a relapse, or where it has become refractory or chronic, mercury having been freely and repeatedly used before, the iodide of potassium, or iodide of iron affords an obvious resource, and under such circumstances I have seen it, I think, effect as much as could be expected from any other remedy.

"In the more advanced stages of the disease, or even at an earlier period, if it does not yield to the remedies above enumerated, tonics and nutritious food, removal to a more healthy locality, and every other means usually resorted to in scrofulous affections, must be adopted. Cinchona or other vegetable tonics, in such form as the practitioner may consider best suited to each individual case, may be employed with advantage; and iron, either alone or in combination with other remedies, should have a trial. Patients residing in large towns should be removed to the country, and even from one locality to another differently situated. As to local treatment, little remains to be added to the observations already made under this head, in treating of the other species of inflammation, except enjoining more caution as to the application of blisters, which in scrofulous subjects so often are the cause of enlargement of the cervical glands."

58. *Malignant Disease of the Eye.*—Dr. DALRYMPLE showed to the Pathological Society of London, March 15th, 1847, a series of preparations (accompanied with drawings), of the various forms of Malignant Diseases of the Eye, in order to prove the futility of operative interference in any stage of such affections. The result of extended experience had convinced him, that where the globe had been extirpated at the earliest possible stage of the disease, the death of the patient was brought about, sooner or later, by the formation of secondary tumours in the brain, in the same manner as when the globe had been extirpated at a more remote period of the disease. The particulars of several of the specimens were detailed at length, proving the above assertion; and the following case, Mr. Dalrymple observed, might be considered a type of the average course of the disease:—

A child, two or three years old, came under his care in the beginning of the year, some time back. At the back part of the eye were observed three small deposits of fibrin, leaving a triangular space of the choroid between them. These gradually extended forward to the ciliary boundary of the choroid, and became vascular, pushing the iris forward into the anterior chamber. They became gradually more and more vascular, the triangular space between them gradually diminishing. In proportion to their increase, the iris became more prominent, and by degrees vascular. In May, the globe was hard, sclerotic, bluish, iris more convex.—August: globe enlarged, iris narrower, lens in a state of incipient opacity, lids of a purplish hue, pain in the globe.—September: eye enlarged, pupil large, lids livid and swollen, palpebræ cannot be closed: deep-seated scleritis, dark blue zone near attachment of cornea, fungoid mass in the anterior chamber, with effusion of lymph; headache.—December: globe gave way, conjunctiva crimson and velvety, slight bleeding, headache, and pain over brow.—January: Tumour equalled size of apple, covered with dark crust: drowsiness, emaciation.—March: Tumour much enlarged.—On the 25th: Stupor, convulsions, death.

On the post-mortem examination, small tumours were observed, connected with the bone under the scalp. Dura mater opposite the tumours, soft and thick, as also arachnoid. Ventricles contained one ounce of clear fluid; a large encephaloid tumour at base of brain, limited by the olfactory nerves; the pons Varolii, and the sides of the middle lobes, involving the right optic nerve, the third pair, however, being but little interfered with. Sclerotic crushed and emptied of its contents, the cavity of the eye being filled by a reddish medullary growth, traced from where the optic nerve entered. Muscles and lachrymal gland unaffected.

Another reason contra-indicating the removal of the globe, remarked Mr. Dalrymple, is the occasional existence of a disease of the eye, in no way distinguishable, as regards physical appearance, from the first stage of malignant disease. The disease consists in the effusion of an albuminous fluid between the retina and choroid, causing protrusion of the lens, and giving rise to the cat's eye appearance. In the two specimens which were exhibited as illustrative of this affection—in the one, there was mere serous effusion; in the other, serous effusion, accompanied with the deposit of flocculent tripe-like looking lymph, on the external surface of the retina.—*Lancet*, March 27, 1847.

59. *Case of Encephaloid Disease of the Brain, inducing Amaurosis.*—Mr. J. DALRYMPLE communicated to the *Royal Med. and Chirurg. Soc.*, May 11th, the following case of this character. Miss B., about twenty-eight years of age, had been totally blind about four years; but the ocular symptoms date nearly a twelve-month previous, commencing with dimness of vision in one eye, and gradually involving both in total darkness. There were no morbid appearances in either eye, and with the exception of the iris being sluggish, there was little to indicate the extent to which the blindness had proceeded, for the pupils were never much dilated, and never wholly lost the power of contraction. About the time Mr. Dalrymple first saw the case, there were obscure symptoms of some disease of the brain, severe pains at the back of the head, some partial numbness of one side of the face, and occasional jerking of the muscles of the right arm and leg. These symptoms entirely disappeared under a full course of mercury, and never returned in any noticeable degree. The blindness, however, continued. By careful dietetic and hygienic treatment Miss B. enjoyed good health, only

complaining of occasional vertigo, and subject to frequent attacks of "faintish-ness," which occurred at irregular intervals, and lasted but for a few minutes. In the first week of Feb. 1847, this lady died suddenly, with little or no premonitory symptom or illness. On examination of the body the day after death, a large encephaloid tumour was found at the base of the brain, involving the chiasma of the optic nerves, and extending back as far as the pons Varolii; then entered the middle lobe of the brain, as high as the level of the lateral ventricle, on the right side, which it compressed, and nearly obliterated. The left side of the brain was healthy. The third nerve, on the right side, passed through the tumour; and the fifth nerve on that side was partially overlapped by it. No other nerves suffered by its pressure. This lady had an attack of measles three years previous to the development of any ocular symptoms. This attack was very severe, accompanied by delirium, strabismus, and dimness of vision; and although it was supposed she had entirely recovered from this illness, the author of this paper surmises the origin of the encephaloid disease may be referred to the cerebral inflammation which occurred at that time.—*Lancet*, June 5th.

60. *Structure of Conjunctiva*.—According to ARLT, who has recently examined the minute anatomy of the conjunctiva in its healthy and diseased state, the transparent portion of this membrane which is extended over the cornea, is composed entirely of layers of pavement-epithelium; no fibro-cellular tissue being discoverable in its structure except at the very borders of the cornea. At these parts the arrangement of the fibro-cellular tissue is such that the simply epithelial portion of the conjunctiva is not round, but has a transversely oval form. In the eyes of old persons, however, and in those of individuals who have suffered much from congestive or inflammatory affections of the conjunctiva, fibro-cellular tissue is frequently developed in the simply epithelial structure covering the cornea; and the result of this is the more or less opaque grayish-white aspect, which the eyes of such persons are apt to present.—*London Med. Gaz.*, August 1847; from *Schmidt's Jahrbücher*, 1847.

MIDWIFERY.

61. *Case of Delivery without operative aid, through a pelvis extremely deformed by Malacosteon*.—Professor SIMPSON, of Edinburgh, relates, in the *Monthly Journal of Medical Science*, July, 1847, a case which is probably unique in the annals of Midwifery, in which a child at the ninth month of utero-gestation, was delivered through a pelvis under one inch in its narrow, and two and a half in its long diameter, without operative aid. The subject of this case, Mrs. D., was 34 years of age, and had been married ten years. Two years subsequent to her marriage, (1837) she was attacked with pains in the back and sides, and stiffness about the ankle-joints, from which she never entirely recovered, so as to be able to walk without support. In 1840 she fell, while walking with a staff across her room, and after this, the pains in the limbs were, for a considerable time, far more severe, and the lameness greatly increased. Since recovering she has been able to walk out of doors with the assistance of crutches. But various bones of the trunk and extremities have become shortened and deformed under the effects of the malacosteon. The spine is bent backwards and outwards in the form of a bow, with the ribs and sternum correspondingly displaced. Some of the phalanges of the fingers are bent: the right thigh bone is curved forward into a semicircular shape. And from being a handsome and somewhat tall woman, she has shrunk down, during the course of the last seven or eight years, into a deformed, dwarf-like figure, measuring about four feet in height.

She never had become pregnant until June, 1846, and she did not at this time become aware of her pregnancy, until it was far advanced. She then applied to Mr. Wiseman of Cupar, who, on examining into the condition of her pelvis, at once found that its outlet was extremely contracted, but the pregnancy was already so far advanced as to preclude, under such a degree of deformity, the idea of delivery by the induction of abortion or premature labour. Besides, all attempts to